

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	74		2/3/00
O.I.P.E. CLASSIFIER	C	5	2/17/00
FORMALITY REVIEW	H	6090116	4-11-00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date	Claim	Date	Claim	Date
Final		Original			
1	6	1			
2	7	2			
3	11	3			
4	11	4			
5	11	5			
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If more than 150 claims or 10 actions  
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